REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: RAYHAN (Surname) S.M. (First Name) JAHIR (Middle Initial) Sex: MALE Serial No:

Date of Birth: 30 / 11 / 1991 PP/CDC: C10/6619 Rank: 3E/GAS ENG.

Vessel: LPG/C BD SIDRA Type: Route:

Home Address: 53 FARID UDDIN TOWER, DAKSHINKHAN, UTTARA, DHAKA

Company Name: NAKILAT SHIPPING QATAR LTD

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addiction to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
180 cm	70 kg	43-41	120/80 mm	78/m	19/m	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing: Right Ear: Normal / Left ear: Normal

Systemic Examination

	Normal	Abnormal		Normal	Abnormal
Head & Neck	✓		Respiratory system	✓	
Eyes	✓		Cardiovascular system	✓	
Ears / Nose / Throat	✓		Per Abdomen	✓	
Teeth / Oral Cavity	✓		Genito-urinary system	✓	
Musculo-Skeletal system	✓		Others	✓	
Nervous system	✓		Hernia / Hydrocoele	✓	
Reflexes	✓		Varicose Veins	✓	
Skin	✓		Fissure/Fistula/Piles	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	12.6 gm%	14-16 gm %	Colour	Nil
Total WBC count	6.60 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 54 % Lymp 41 % Eos 02 Ba 00 % Mo 02 %			pH	
Malarial parasite	Not Found.		Albumin	Nil
ESR	07 mm / 1st hour	1- - 15 mm / hr	Sugar	Nil
SGPT	27 U/L	9--43 U / L	Bile pigment	
S.Cholesterol	NIL mg/dl	145--260 mg / dl	Bile salts	
S.Triglycerides	NIL mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS Negative PPBS	upto 125 mg %	RBC cells	Nil
HbsAg	Negative.		Leucocytes	
HIV I & II	Negative.		Others	
VDRL	Non Reactive.			
Others		GGTP U/L	Spirometry:	Normal
Blood Group			Drugs of Abuse:	Negative

ECG : Normal. TMT: N/D

X-Ray Chest: USG: Normal

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 26 AUG 2025

Candidate's Signature Jahir

Date: 27/08/2023

Official Seal: Radical Hospitals Ltd. As Per MLC 2006 Approved by Department of Shipping

Doctor's signature:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

04.2023.4673

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME: RAYHAN	GIVEN NAME(S): S.M. JAHIR
DATE OF BIRTH: 11-30-1991 (MONTH / DAY / YEAR)	PLACE OF BIRTH: CITY BAGERHAT, BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT:

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
180 cm	70 KG	120/80 mmHg	78 c/m	19 c/m	Good

VISION: WITHOUT GLASSES — RIGHT EYE: 6/6 / LEFT EYE: 6/6; WITH GLASSES — RIGHT EYE: / LEFT EYE:

HEARING: RT. EAR: nrm LEFT EAR: nrm

COLOR TEST TYPE: BOOK ☐ LANTERN ☑ IS COLOR TEST NORMAL? ☑ YES ☐ NO (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?

EXTREMITIES: UPPER: Normal LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☑
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

SIGNATURE OF APPLICANT	DATE OF EXAMINATION	EXPIRY DATE
Jahir	27 AUG 2023	26 AUG 2025

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: S.M. JAHIR RAYHAN (NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

FIT FOR DUTY ON BOARD SHIP

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE ☑ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☑ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD RAIHAN MBBS, DFM

ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: _____ DATE: 27 AUG 2023

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

DR. MIR. MD. RAIHAN
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Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements
- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form. (See RMI MG-7-47-1, §3.3).

27 AUG 2023

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MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-MLC-2006

GLOBAL OCEAN SHIPPING SERVICES LTD.

GOSSL	Revision No:	00
	Issue Date:	18.03.2018
	Page	Page 1 of 3
Crew Manning Agency Quality Manual (FORM)		GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): S.M. JAHIR RAYHAN					
Address: 53 FARID UDDIN TOWER, DASKHINKHAN, UTTARA, DHAKA					Tel No; 01929171674
Passport No	Date of Birth	Country of Birth	Nationality	Sex: Male/Female	Dept: Deck/Engine Rank: 3E/GAS ENG.
EF0019251	30-11-1991	BANGLADESH	BANGLADESHI	MALE	

PART B. APPLICANTS DECLARATION (Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		✓	
b. an Operation?		✓	
c. an accident needing hospital treatment?		✓	
d. Tuberculosis or abnormal chest X-ray?		✓	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		✓	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		✓	
g. convulsions, fits or epilepsy?		✓	
h. ear or hearing problem?		✓	
i. high blood pressure?		✓	
j. chest pain at rest or on exertion, or other heart trouble?		✓	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		✓	
l. stomach/duodenal ulcer,'gastric', blood in the vomit or stool?		✓	
m. kidney disease or problem passing urine?		✓	
n. pain in the spine ,back or any joint?		✓	
o. occasion to wear contact lens or glass?		✓	
p. allergic reactions to food or drugs etc?		✓	
q. diabetics or sugar in the urine?		✓	
2. Social habits- Do you take alcohol, drug or smoke?		✓	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		✓	
4.Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		✓	
5. Do you have a medical or other condition not already mentioned above?		✓	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date 27 AUG 2023

Jahir

Signature of the Applicant

PART B. RESULTS OF EXAMINATION:

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

1.Height/Weight	1.80	meters		Kilos	70	
2.Hearing		~~normal~~		~~normal~~	Right Left	
3. Eyesight (with out aids)		Right	6/6	Left	6/6	
Eyesight (with aids)		Right		Left		Colour vision
4. Urinalysis	NIL	Microscopy	Nil	Sugar	NIL	Albumin Nil
5. Full Blood count	12.6	Hb	6.600	WBC	250000	Pltelts
6. VDRL		Negative		Positive		
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9.Pulse		Per min				
10. Blood Pressure		mmHg	78/-			
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14.Digestive system		Normal		Abnormal	If abnormal give details	
15.Gastrointestinal system (e.g.hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g Spine and limbs)		Normal		Abnormal	If abnormal give details	
17.Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18.Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24.Eyes		Normal		Abnormal	If abnormal give details	

C. ~~DOCTOR~~'S REMARKS:

~~FIT~~/~~UNFIT~~ subject to the following restrictions

Date: 27 AUG 2023

Signature of the Approved medical practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

PART C: **Medical Fitness certificate**

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-MLC-2006

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: S.M. JAHIR RAYHAN

SEAMAN BOOK NO/PP NO. C10/6619

I certify that have examined the person named above to the Medical Standards of the .....
And have found * him/her *FIT/UNFIT.

Remarks If any:

.....

.....

Signature And Name of Approved Medical Practitioner

Date of Examination 27 AUG 2023

DR. MIR. MD. RAIHAN
MBBS (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC.A-55144. MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Registered Number: .....

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status – Issue and Registration of Certificates, and Section – B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table – B- I/9 -1 or – B- I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embankment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)

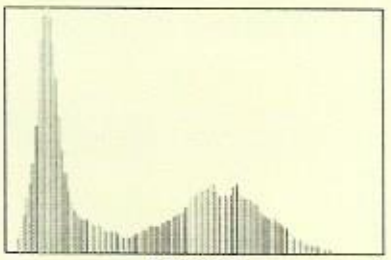
Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ Est-Per-MLC-2006

Id No : 1304	**Date :** 27-Aug-2023	**D.Date :** 27-Aug-2023
Patient's Name : S M JAHIR RAYHAN	**Age :** 31Y 0M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6619		

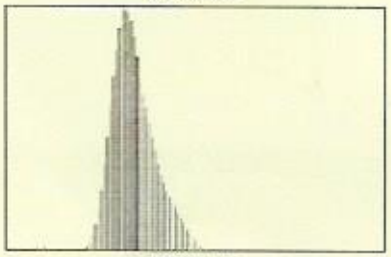
Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

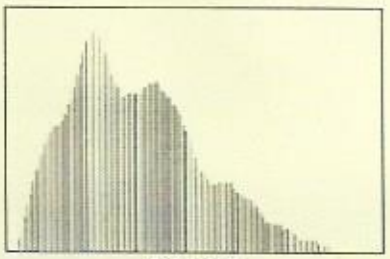
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.6** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**07** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,600** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**54** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**41** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**132** /cumm	50-450/cumm
Total RBC Count	**4.32** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**34.7** %	M: 40-54%, F:37-47%
MCV	**80.3** fL	76 - 94 fL
MCH	**29.2** pg	27 - 32 pg
MCHC	**36.3** g/dL	29 - 34 g/dL
RDW	**12.6** %	11 - 16 %
PDW	**13.7** fL	35 - 56 fl
Total Platelete Count (PC)	**250000** /cumm	150,000-450,000/cumm
MPV	**11.5** fL	7.0 - 11.0 fL
PCT	**0.122** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23081304	Received Date	27/08/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6619
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum Alkaline Phosphatase	128 U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23081304	Received Date	27/08/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6619
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23081304	Received Date	27/08/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6619
Sample	URINE		

URINE EXAMINATION

Test Name		Result
Urinary Phenol	:	Negative
Urinary Benzene	:	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23081304	Received Date	27/08/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6619
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23081304	Receive:27/08/2023	Print: 27/08/2023
Patient's Name	:	**S M JAHIR RAYHAN**		
Age	:	31 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

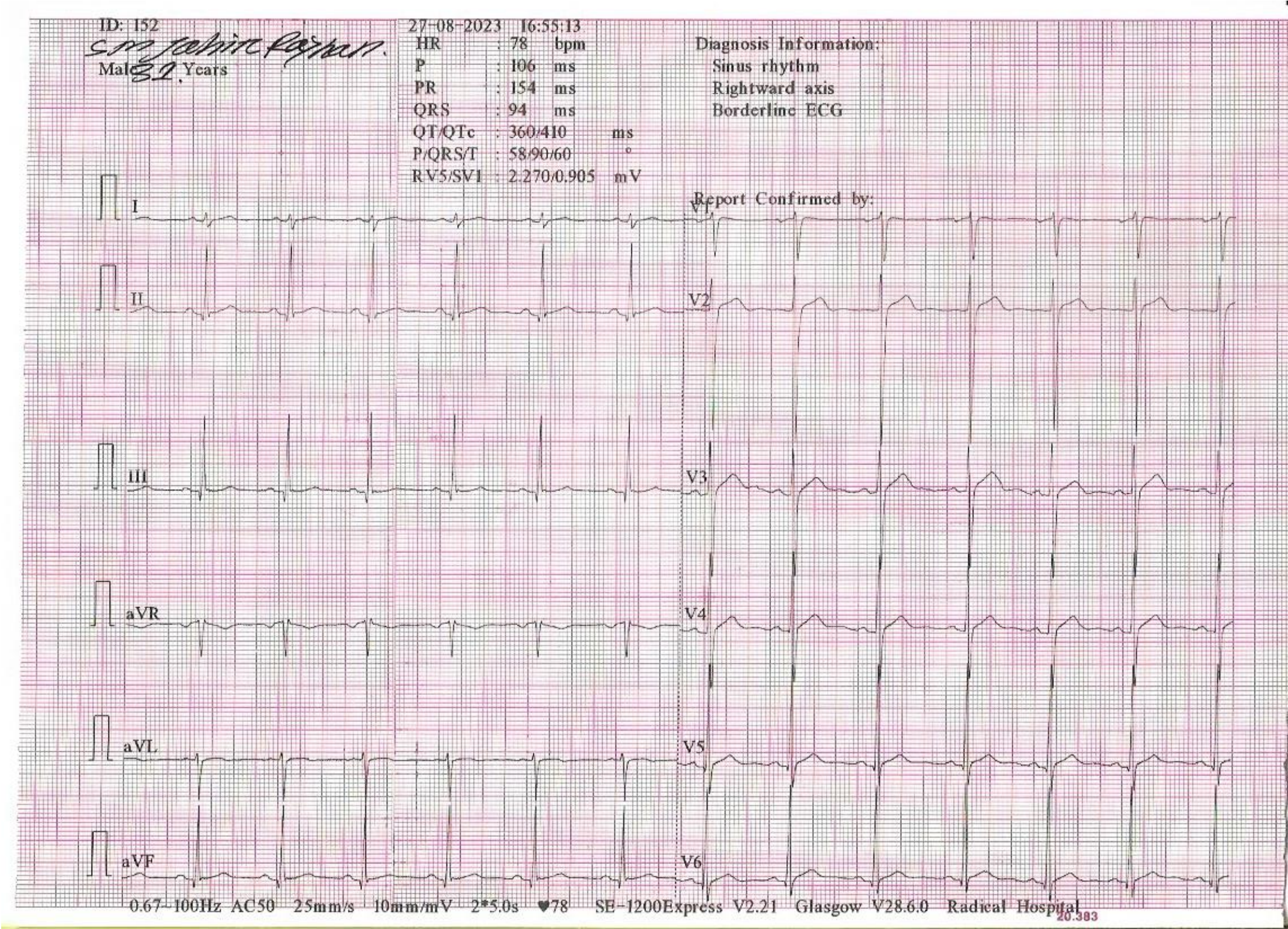
Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.


ID: 152
Male 31 Years
27-08-2023 16:55:13
HR : 78 bpm
P : 106 ms
PR : 154 ms
QRS : 94 ms
QT/QTc : 360/410 ms
P/QRS/T : 58/90/60 °
RV5/SV1 : 2.270/0.905 mV
Diagnosis Information:
Sinus rhythm
Rightward axis
Borderline ECG
Report Confirmed by:
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥78 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

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Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	78 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Certificate (continued) Certificate (quite)

9	28 JAN 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
10			TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVER JANUE

This is to Certify that / je soussigne (e) certifie que } S.M JAHIR RAYHAN Date of Birth 30.11.91 Sex M
whose signature followsws / dont la signature suit. } _____ ne (e) le _____ Sexe _____

Jahir has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc'vaccination (e) on contre la fiever jaune la date indique

Date	Signature and Professional Status of vaccinator Signature et qualitc Prof. essioundlle du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u mefco du lot	Official stamp of vaccination centre, cachet Official du centre de vaccination
1	14 NOV 2016 Dr. Md. Golam Mostafa Reg. No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	YELLOW FEVER VACCINATION 1313 DAKAR	1 2 CENTRE FOR VACCINATION AGRABAD C/A, CTG BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.
Ce certificate n est valadble que si jevaccine employe a etc. approuve part organisation mondiale de la sant.
Et sit c de vaccination a etc habilite part administration du territorie de s lequel ce centre est situe.
Le validity de ce certificate conure une periode de six ans ommencent dix jours apres la date de la vaccination ou da s le cas d une revaccination on cours de cettee periode de dix aus, e jour de cettee reaccination.
Toute correction ou rature sur le certificate aa omission d'un quelonque desmentions nd il comporte peul affector su validite.